



STATE OF CONNECTICUT
DEPARTMENT OF BANKING
CONSUMER CREDIT DIVISION
260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800



BRANCH OFFICE - APPLICATION FOR DEBT NEGOTIATION LICENSE

License Type

Which debt negotiation services will you engage in?



Loan Modification



Short Sale



Foreclosure Rescue



Other *(Briefly describe)*

Identifying Information

Applicant Name:

(sole proprietor use "Last, First, Middle")

Branch Address:

Number & Street:

City:

State/Province:

Country:

Postal Code:

Business Phone, Fax and Email:

Business Phone:

Fax Line:

Email Address:

Other Business Names

Mailing Address

Mailing Address:

City:

State/Province:

Country:

Postal Code:

Books and Records Information

First & Last Name:

Title:

Business Address:

City:

State/Province:

Country:

Postal Code:

Business Phone:

Fax Line:

Email Address:

Person in Charge of the Office

First & Last Name:

Residential Address:

City:

State/Province:

Country:

Postal Code:

Date of Birth:

Jurisdiction Participation

States in which Applicant operates:

Signature of Applicant

(Signature)

(Name and Title - Print)

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20____, personally appeared

(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

(Notary Public)

(Commissioner of the Superior Court)

(My Commission Expires)

NOTE: This application must be signed by a Control Person listed on the Main Office Application